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Bib Data Sheet

CONFIRMATION NO. 6979

|   |   |                                    |  |  |
|---|---|------------------------------------|--|--|
| <b>SERIAL NUMBER</b><br>10/526,993  | <b>FILING OR 371(c)<br/>DATE</b><br>03/07/2005<br><b>RULE</b>   | <b>CLASS</b><br>623                | <b>GROUP ART UNIT</b><br>3738  | <b>ATTORNEY<br/>DOCKET NO.</b><br>BAF-15202/29 |
| <b>APPLICANTS</b><br>Bret A Ferree, Cincinnati, OH;   |   |                                    |  |  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US03/28424 09/10/2003<br>which claims benefit of 60/409,623 09/10/2002<br>and claims benefit of 60/412,209 09/20/2002<br>and claims benefit of 60/416,338 10/04/2002<br>and claims benefit of 60/416,379 10/04/2002                       |   |                                    |  |  |
| <b>** FOREIGN APPLICATIONS *****</b><br><div style="text-align: right;">** SMALL ENTITY **</div>  |   |                                    |  |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR<br/>COUNTRY</b><br>OH  | <b>SHEETS<br/>DRAWING</b><br>12  | <b>TOTAL<br/>CLAIMS</b><br>23                  |
|   |   | <b>INDEPENDENT<br/>CLAIMS</b><br>1 |  |  |
| <b>ADDRESS</b><br>25006   |   |                                    |  |  |
| <b>TITLE</b><br>Shock-absorbing joint and spine replacements  |   |                                    |  |  |
| <b>FILING FEE<br/>RECEIVED</b><br>375   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |